

## Foster Family Home - Corrective Action Report

Provider ID: 1-090110

Home Name: Ronnie Paguyo, CNA

Review ID: 1-090110-5

1348 Gulick Avenue

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 7/18/2017

End Date: 7/18/17

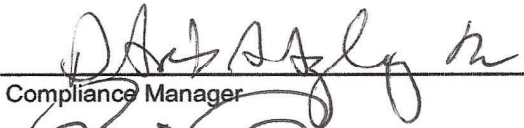
Foster Family Home Required Certificate

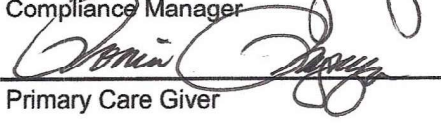
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 7/18/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

7/18/17  
Date

7/18/17  
Date